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tinder the Pannowork Reduction Act of 1995, on persons are required to respond to a collection of infi rmetton unless it disolave a valid OMB control number RECEIVED Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). ITRAL FAX CENTE 09/840,209 Application Number TRANSMI Filing Date 04/23/2001 DEC 1 2 2005 For FY 2005 First Named Inventor Jin Lu **Examiner Name** Vincent F. Bocclo Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2616 TOTAL AMOUNT OF PAYMENT 910.00 US010191 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (pleuse identify): Deposit Account Deposit Account Number Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to. (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **8mall Entity** Small Entity Fee (\$) **Application Type** Fee (\$) Feee Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fea (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 500 600 150 250 300 200 Provisional 100 0 Û 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Foo (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Multiple Dependent Claims <u> Fee (\$)</u> Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CI'R 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification. \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Fees for Request for Continued Examination and a One Month Extension 910 SUBMITTED BY Registration No. Telephone (585) 381-9983 Signature (Attorney/Agent) Date 12/12/2005 Name (Print/Type) James D. Leimbach

This collection of information is required by 37 GFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 GFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form ent/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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